

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

*Paid + mailed on 1-14-05*  
**#1556 for FILED**  
**Jan 19, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # H16083**

1. Entity Name  
**ALLEN ENTERPRISES OF GAINESVILLE, INC.**



Principal Place of Business  
**3545 S.W. 34TH STREET  
 SUITE F  
 GAINESVILLE, FL 32608**

Mailing Address  
**P.O. BOX 140280  
 GAINESVILLE, FL 32614-0280 US**



01142005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-2440152**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**ALLEN, CHARLES L.  
 3545 SW 34 STREET  
 SUITE F  
 GAINESVILLE, FL 32608**

**DO NOT WRITE  
 IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PST  
 ALLEN, CHARLES L.  
 3545 SW 34 STREET, SUITE F  
 GAINESVILLE, FL 32608**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**DV  
 ALLEN, JUNE P  
 3545 SW 34TH ST, SUITE F  
 GAINESVILLE, FL 32608**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

000000185459  
 01/21/05-80016-016 150.00

**DO NOT WRITE  
 IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Charles L Allen*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1-14-2005*  
 Date

*(352) 214-1904*  
 Daytime Phone #